



Counseling Center
20555 Kingsland Blvd.
Katy, Texas 77450
281.492.0785

Doug Valot, MA, LPC
License #18563

**Consent for the Release of
Confidential Information**

I, _____, authorize **Doug Valot**
to disclose to **Susan Sowell/ Kingsland Baptist Church** for the purpose of
client/patient billing and/or assessment of treatment.

To the party receiving information: This information has been disclosed to
you from records whose confidentiality is protected by federal law.
Federal regulations (42 CFR Part 2) prohibit you from making any further
disclosures of it without specific written consent of the person to whom it
pertains, or as otherwise permitted by such regulations. A general
authorization for the release of medical or other information is not sufficient
for this purpose.

FOR PATIENT RECORDS APPLICABLE UNDER FEDERAL LAW 42 CFR PART 2.

Date _____

(Signature of client/patient)

(Signature of parent, guardian or authorized representative)